

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

EMILY'S LIST NON-FEDERAL

(b) Address (number and street) ☐ check if different than previously reported

1120 CONNECTICUT AVE NW STE 1100

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30001523

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 0

through

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 0

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 0

(b) Communication Title Private Eye

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Caroline Fines

(b) Address (number and street)

1120 Connecticut Ave NW

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

EMILY's List

(e) Occupation

Director of Finance &amp; Compliance

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

27492.86

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Caroline Fines

SIGNATURE Electronically Filed by Caroline Fines

DATE 01/14/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.